

MULTIPLE D. AND CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	PILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1.	/						51			
2.	/						52			
3.	/						53			
4.	/						54			
5.	/						55			
6.	/						56			
7.	/						57			
8.	/						58			
9.	/	=					59			
10.	/						60			
11.	/						61			
12.	/						62			
13.	/						63			
14.							64			
15.	/						65			
16.	/						66			
17.	/						67			
18.	/						68			
19.	/						69			
20.	/						70			
21.							71			
22.							72			
23.							73			
24.							74			
25.							75			
26.							76			
27.							77			
28.							78			
29.							79			
30.							80			
31.							81			
32.							82			
33.							83			
34.							84			
35.							85			
36.							86			
37.							87			
38.							88			
39.							89			
40.							90			
41.							91			
42.							92			
43.							93			
44.							94			
45.							95			
46.							96			
47.							97			
48.							98			
49.							99			
50.							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			